

Self-Regulation and Experience of Loneliness of Elderly People Who Live in Social Care Residences

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The research addresses the peculiarities of self-regulation of loneliness experience of elderly people living in care homes. The population of the study consisted of 60 elderly people (65 – 80 years old). 30 of them live in families with spouses and children and 30 persons live in the State residential social service institution. It was found that elderly people who live in the social care residence show a higher level of sense of loneliness and lower level of involvement than those living with families. Reduction of the sense of loneliness of the care home residents correlates with high level of mindfulness and using such defense mechanisms as denial and intellectualization, projection and displacement. Reduction of the sense of loneliness of the elderly people who live in families directly correlates with high mindfulness, high hardiness and usage of the following defense mechanisms: regression, projection and displacement. In the senior care residents' sample group strong sense of loneliness directly correlates with high hardiness and risk taking.

Keywords: psychological self-regulation, experience of loneliness, mindfulness, hardiness, defense mechanisms

INTRODUCTION

Theoretical Background

Elderly people comprise a specific socio-demographic group that constantly grows in the majority of developed countries. Many authors note contradictory character of the ageing process in terms of self-regulation and adaptive capabilities. A Russian gerontologist V. V. Frolkins (1985) points out two contradictory processes. On the one hand an elderly person demonstrates reduction of adaptive capacities - reserves of the organism, limitation of self-regulation mechanisms, metabolic imbalance and body function imbalance. On the other hand, important coping mechanisms are actualized.

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S. A. Khazova (2014) in her research concluded that elderly man usually name volitional powers and coping skills as the main sources of vitality and survival, and elderly women note sociability, good fellowship, flexibility.

L. I. Antziferova distinguishes two types of elderly people. The first group passes through retirement hardily and without any particular emotional disorders. They demonstrate high activity and positive attitude towards the future. As often as not this group consider retirement as liberation from social restraints, orders and stereotypes of working period. New hobbies, friendship and contacts cause life satisfaction and increase life span. The second type of elderly people show indifferent attitude to life, the sphere of their interests narrows. Such people take their age heavily; they do not struggle for themselves, focus on the past, and rapidly grow decrepit even if they are somatically healthy (Antziferova, 1994).

V. D. Mendelevich and E. A. Sakharov (2011) point out experience of loneliness as the main challenge of senior age. Loneliness is a severe state of mind; it is usually followed by low mood and depressing emotional sufferings. Loneliness is not always correlates with social isolation. Sometimes a person is surrounded by people and has contacts with them and at the same time he or she feels psychological desolation. And vice versa there exist people who live alone for many years and feel less lonely than those who frequently contact the others. The experience of loneliness is caused by ideal representation of human relationships rather than by real relationships. An individual with high communication need would feel lonely if his contacts are limited to one or two people because he would like to communicate with many. At the same time if a person does not have such a need he or she may feel no loneliness even if there are no contacts with others.

R. S. Weiss distinguished emotional and social loneliness. Emotional loneliness is a result of absence of close intimate affection (love or matrimonial). An individual may experience the feeling similar to the "anxiety of an abandoned child". Social loneliness is caused by the absence of significant social connections, friends and community spirit and may be revealed as anguish and feeling of social marginality (Weiss, 1973).

K. Mustakas distinguishes between "loneliness vanity" and true loneliness. The "loneliness vanity" is defined as a variety of defence mechanisms, "activity for the sake of activity" together with other people that moves a person away from solving the urgent problems. True loneliness means awareness of the reality of lonely existence. This awareness may appear when a person alone faces borderline circumstances (birth, dearth, life changes, tragedy, etc.) (Osin & Leontiev, 2013).

There are not many psychological researches of loneliness as a manifold phenomenon. In the majority of studies loneliness is considered as a problem related to such negative factors as depression, anxiety, addiction, etc. Until now it is not clear in what conditions loneliness becomes a destructive factor and what is the role of personal attitudes towards loneliness in this process (Osin & Leontiev, 2013). In other words scholars need to find out the relation between loneliness as a life situation (absence or paucity of contacts and emotional affections) and loneliness as a state of mind (experience of loneliness).

The situation of loneliness is especially observed at the specialized residences for the elderly people who have no families or who do not have the possibility to live together with their relatives. Thus senior care homes form the socio-psychological model of loneliness situation (life without relatives and family).

The influence of this life situation on the mental state of an elderly person and on his individual experience of loneliness as a problem depends on the personality characteristics. Self-regulation mechanisms make it possible to adjust to the situation and to reduce the intensity of the sense of loneliness. Psychological self-regulation in a broader sense is one of the levels of the living system activity control characterized by using mental instruments of reflection and modeling of reality (Zinchenko & Meshherjakova, 1998).

Problem statement

There are several approaches and theories of psychological self-regulation (Baumeister & Vohs, 2004). Taking this fact into consideration and understanding the dynamic character of this phenomenon we make no pretense to the full coverage of the self-regulation concept in the given study. Our purpose was to reveal some aspects of self-regulation in correlation with the experience of loneliness of the elderly people who live in care homes. To fulfill the goal of the study we distinguished three aspects of psychological self-regulation: semantic (self-regulation of experiences and feeling by changing meanings or developing new ones); cognitive/behavioral (self-regulation by self-control, volitional actions and positive beliefs); and emotional (self-regulation of negative emotions influenced by psychological defence mechanisms).

We distinguished semantic aspect of self-regulation as an independent component basing on the ideas of existential psychotherapists, such as V. Frankl and I. Yalom. They consider understanding of purpose of existence, living the full life, belief in liberty of choice and self-perception as a “master of one’s own life” as the factors that reduce anxiety and prevent from neurotic disorders (Frankl, 2006; Leontiev, 2000; Yalom, 2008).

D. A. Leontiev defines hardiness as a belief system about the self, the world, and the relations with the world. This disposition includes three comparatively separate components: involvement, control and taking risk. The author notes that intensity of the hardiness as a whole and of each of its components (involvement, control and taking risk) prevent from stress in the stressful situations due to consistent coping strategies (behavioral aspect) and reduction of the psychological significance of the situations (cognitive aspect) (Leontiev & Rasskazova, 2006).

In the psycho-evolution theory of emotions and Ego-defenses R. Plutchik et al. (1979) consider psychological defense mechanisms in a close relation with definite emotions. The authors emphasize that regulation of emotions is the main function of defense mechanisms. Therefore in our study we distinguish emotional aspect of self-regulation presented by defense mechanisms.

The *goal of the study* is to reveal the correlation between semantic, cognitive/behavioral and emotional aspects of self-regulation and experience of loneliness of the elderly people living in care homes.

METHODS

Population of the study

60 respondents of senior age took part in the empiric study (65 – 80 years old). 30 of them live in families with spouses and children and 30 persons live in the State residential social service institution of the social safety net “Yanaul psychoneurological residential care center” (Republic of Bashkortostan). The sample group consisted of elderly people with no mental disorders in past medical history.

Assessing the correlation between self-regulation and experience of loneliness of the elderly people living in care homes

Measures and procedures of the empiric study

The following tools were used for the psychodiagnosis: UCLA loneliness Scale (D. Russell, L. A. Peplau & M. L. Ferguson, adapted by I. N. Ishmukhamedov) (Raigorodskii, 2001); Hardiness Survey (S. R. Maddi, adapted by D. A. Leontiev)

(Leontiev, 2006), Test “Life-purpose orientations” (Leontiev, 2000), Life Style Index Survey (LSI) (R. Plutchik et al., adapted by L. I. Wasserman, O. F. Eryshev, E. B. Klubova).

Respondents completed four surveys. It took them 90 minutes. All the empiric results were subject to Kolmogorov-Smirnov test to prove the normality of distribution. The data distribution was proved normal and thus parametric statistic was used to reveal correlations and differences. Correlation analysis: Pearson linear correlation coefficient and Student's coefficient were used.

RESULTS

UCLA Loneliness Scale results for the elderly people living in families and their peers who live in care homes are presents in Fig. 1.

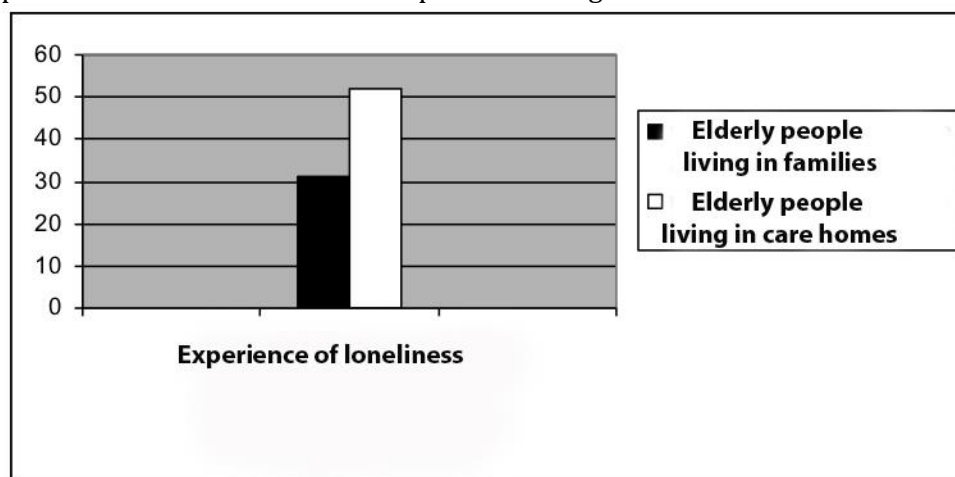


Figure 1. Level of experience of loneliness in the studied groups

As it is seen from Figure 1 elderly people who live in care home have a sharper sense of loneliness than those who live with their relatives ($t=15.22$; $p\leq.05$).

Hardiness Survey results are presented in Fig. 2.

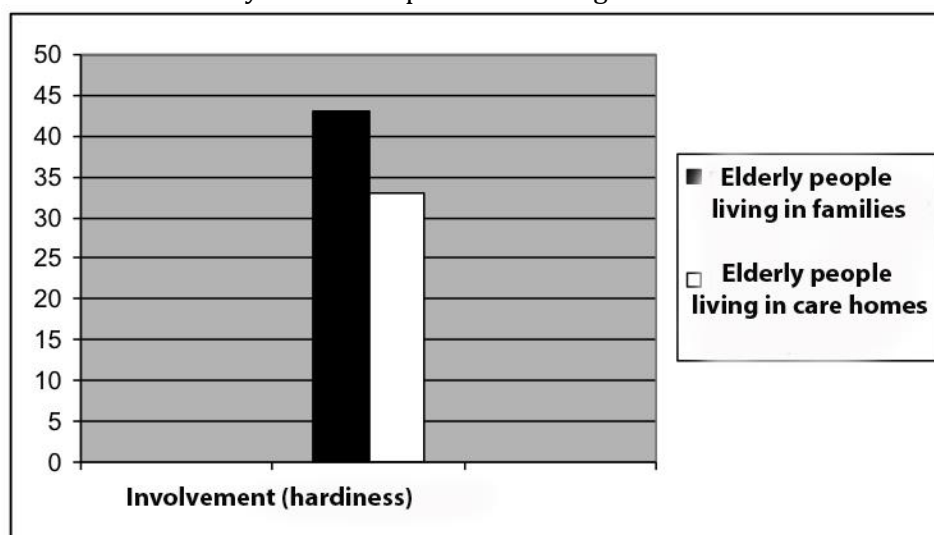


Figure 2. S. Maddi Survey results in the studied groups

Involvement index in the sample group living in families is higher ($t=5.77$; $p\leq.001$) (Fig. 2).

Life-purpose orientations in the studied sample groups did not show significant differences.

As to psychological defense mechanisms, elderly people who live in families use projection more often than those who live in care homes ($t=3.94$; $p\leq.001$) (Fig. 3).

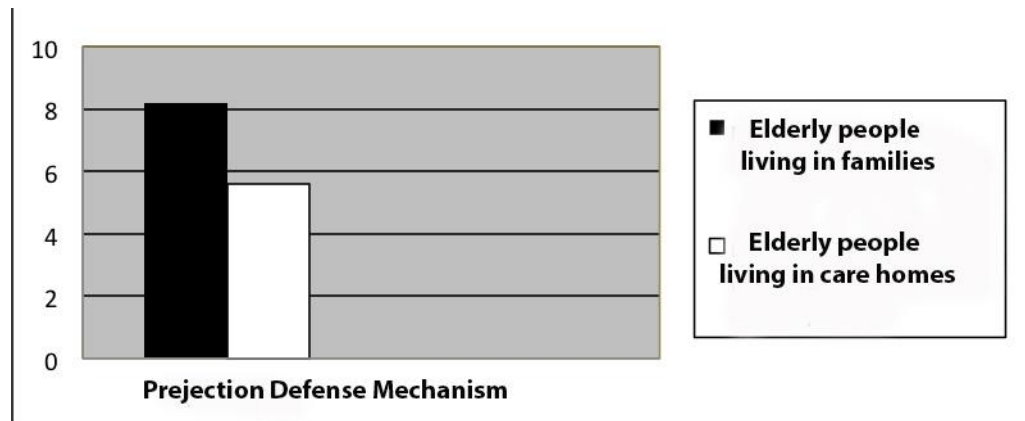


Figure 3. Projection defense mechanism in the studied groups

To reveal the correlation between various aspects of self-regulation and the experience of loneliness in the senior age we carried out correlation analysis using the Pearson linear correlation coefficient. It showed that both sample groups have very similar results concerning the correlation between the experience of loneliness and life-purpose orientations (Table 1). As it is seen from Table 1, all correlations between life-purpose orientations and experience of loneliness are invers.

Table 1. Pearson correlation coefficients for the experience of loneliness and life-purpose orientations parameters

Life-purpose orientations	Experience of loneliness	
	Elderly people living in families (r)	Elderly people living in care homes (r)
Interest in life	-.44*	-.43*
Meaningfulness of goals	-.47**	-.44*
Life-purpose orientations	-.48**	-.46**

Note: * $p\leq.05$; ** $p\leq.01$

Table 2 presents the correlation analysis data for the experience of loneliness and defense mechanisms.

Table 2. Pearson correlation coefficients for the experience of loneliness and defense mechanisms

Defense mechanisms	Experience of loneliness	
	Elderly people living in families (r)	Elderly people living in care homes (r)
Denial	.73***	-.45*
Repression	.66***	-.32
Regression	-.30	.63***
Compensation	.29	.34
Projection	-.56**	-.37*
Displacement	-.41*	-.42*
Intellectualisation	-.34	-.42*
Reaction formation	.44**	.73***

Note: * $p\leq.05$; ** $p\leq.01$; *** $p\leq.001$

Both groups showed positive correlation between the experience of loneliness and reaction formation defense mechanism ($r=.44$, $p\leq.01$; $r=.73$, $p\leq.001$). Both groups also show inverse correlations between the experience of loneliness and such mechanisms as projection and displacement ($r= -.56$, $p\leq.01$; $r= -.37$, $p\leq.05$; $r= -.41$, $p\leq.05$; $r= -.42$, $p\leq.05$).

The research findings showed some differences between the studied groups. The elderly people who live with their families displayed positive statistically significant correlation between the experience of loneliness and denial defense mechanism ($r=.73$; $p\leq.001$), meanwhile those who live in care homes have significant inverse correlation between these parameters ($r=-.45$; $p\leq.05$). Senior people living with families show positive correlation between the experience of loneliness and repression defense mechanism ($r=.66$; $p\leq.001$), and their peers living in care home do not show a significant correlation between these parameters. On the contrary, elderly people from the care home have significant positive correlation between the experience of loneliness and regression defense mechanism ($r=.63$; $p\leq.001$), and those who live with relatives do not show statistically significant link between these parameters. Intellectualisation has no significant correlation with the experience of loneliness for the group who lives in families but it is negatively correlated with the sense of loneliness for the care home group ($r= -.42$; $p\leq.05$).

Correlation analysis for the experience of loneliness and hardiness survey parameters is presented in Table 3. Both groups showed significant positive correlation between the experience of loneliness and control disposition ($r=.57$, $p\leq.01$; $r=.40$, $p\leq.05$). But there are also differences: care home sample has significant positive correlation between the experience of loneliness and risk taking ($r=.37$, $p\leq.05$), and there is no such correlation for the family sample. The total parameter of hardiness has direct correlation with the experience of loneliness for the home care group ($r= .41$, $p\leq.05$), and inverse correlation for the group living with families ($r= -.49$, $p\leq.01$) (Table 3).

Table 3. Pearson correlation coefficients for the experience of loneliness and Hardiness

Hardiness	Experience of loneliness	
	Elderly people living in families (r)	Elderly people living in care homes (r)
Involvement	-.31	.33
Control	.57**	.40*
Taking Risk	.34	.37*
Hardiness	-.49**	.41*

Note: * $p\leq.05$; ** $p\leq.01$

DISCUSSIONS

The correlation analysis revealed some similarities and differences between the studied sample groups. Let us start with discussing similarities. In both groups an evident trend can be observed: low interest in life, poor awareness about life goals and low values of life-purpose orientations in general are accompanied by a strong experience of loneliness without regard to the factor of social isolation. Therefore in our methodology paradigm semantic aspect of self-regulation is aligned with reduction of the sense of loneliness. Meaningfulness, life purpose and interest in life bring along decrease of the sense of loneliness in any circumstances. This fact may serve as a good evidence of the important role of the semantic aspect of self-regulation.

If an elderly person changes his behavior and starts practicing opposite (socially expected) strategies his level of experience of loneliness increases. We consider that

reaction formation defense mechanism may help improving formal relationship with social surroundings, however the true feeling are quashed the sense of loneliness and isolation is growing.

Transference of the own unacceptable or disturbing feelings, motivations, wishes on another person, unconscious displacement of a heavy experience or emotion on another more available and less dangerous object, re-addressing of the feeling to another person, animal or object leads to decrease of the sense of loneliness in both groups. These findings correspond to the results got by T. L. Krukova and E. S. Rytova (2010) who studied the stress coping techniques used by elderly people who live in care homes and in families. The authors note that senior people in both groups frequently use rumination coping – constant lamenting reflections, search for people to blame and mental “scrolling” of past situation possible scenarios. This strategy helps elderly people to take their mind off solving immediate problems and to get rid of negative emotions.

In both groups the desire to control one's life correlates with the increase of the sense of loneliness. Hardiness component “control” means taking responsibility for the personal life. It is shown as a predisposition to behave as if a person controls any situation that he faces in his life. We think that the correlation under consideration may be explained by the fact that the wish to control means high independence from the other people. In case of the elderly people the social environment (family and relatives for one group and nursing personnel and social workers for the other group) may stand against their independence and increase psychological distance.

Then let us turn to the differences between the studied sample groups. The findings indicate that elderly people living in the care homes experience loneliness deeper, more often feel abandoned and forgotten by the others, get less satisfaction through doing something and feel more isolated than people of the same age who live with their families. These findings describe the true-to-life social situation for the senior people living in care centers. T. L. Krukova and E. S. Rytova (2010) notice that social network at the care home includes no more than 5 persons; meanwhile an elderly person who lives in the family is included into the social network of 11-20 people. Senior people at the care center are desolated from their habitual environment, from their relatives and friends. In the residential care centers they have mainly formal communication with the staff (doctors, nurses, social workers) and contacts with “neighbors” who have similar problems and similar circumstances. This socio-psychological context causes stress that leads to the sense of loneliness and desolation.

Elderly people who live in care homes are less suspicious, distrustful and judgmental. They are less willing to fault others for aggressiveness, malevolence, immorality or incompetence. This fact may be referred to the limited social intercourse. They try not to show negative attitude not to find themselves in total social isolation.

In the sample group that lives in families using denial and repression defense mechanisms correlates with growth on loneliness. Care home inhabitants decrease loneliness when they use denial mechanism, and regression increases loneliness. Repression has no correlation with the sense of loneliness in the care home group. Therefore elderly people who live in care homes show relation between decrease of loneliness and defense mechanisms dealing with elimination, ignoring the unpleasant and traumatic information, substitution of real uncomfortable experience or drive by its verbal rationalized equivalent. And vice versa, the group that lives in families experience more loneliness when they eliminate or ignore the unpleasant and traumatic information. At the same time for this sample group the use of defense mechanism dealing with flashback, age regression to the early, childish behavior directly correlates with the growth of the sense of loneliness. We think that social situation influences the self-regulation mechanisms. Using such defense

mechanisms as intellectualization (searching for rationalized explanations and justifications of unpleasant circumstances, and reflections instead of actions) and denial (ignoring depressing information, and switching attention) by care home inhabitants who have limited social intercourse reduces the sense of loneliness. Regression leads to stronger experience of loneliness in this group because its manifestations (tearfulness, soreness, impulsivity, petulance, eating disorders during stress and somatic symptoms) reduce social adaptation and increase isolation and social exclusion.

The higher hardiness and taking risk demonstrate care home residents the deeper their experience of loneliness is. This fact shows that they are aware of their loneliness and in spite of the painful comprehension of loneliness and isolation they try to stand against circumstances, influence the situation and stay involved. They take their loneliness experience as a possibility for personal development. We may assume that although hardiness does not reduce the sense of loneliness but it increases awareness and helps to live with this experience.

The findings of our study are aligned with the conceptual issues of the allostasis theory (Sapolsky, 2004). It states that after stress (e.g., stress of loneliness) the level of physiological and psychological balance may change. According to the homeostasis theory self-regulation mechanisms should lead to the equal level of loneliness experience in the control group and in the experimental group. However it is not the case. Elderly people with limited social contacts (living in a care home) display a deep experience of loneliness. Another fundamental principle of the allostasis theory states that any life-sustaining activity parameter may be adjusted through a variety of means. Selection of the self-regulation mechanism depends on the organism recourses as well as on the conditions and circumstances. This thesis explains why elderly people in different socio-psychological situations use different ways of self-regulations.

CONCLUSIONS

The research conducted led us to the following conclusions:

- 1) Self-regulation of the experience of loneliness by elderly people who live in care homes has some common features characteristic to their age group regardless the social situation and some peculiarities aligned with their social isolation and lack of contacts.
- 2) Reduction of the experience of loneliness of the elderly people who live in care homes is aligned with low level of hardiness and not taking risk, as well as with using such psychological defense mechanisms as denial and intellectualization.
- 3) The experience of loneliness of the elderly people who live in care homes increases together with high hardiness and taking risk and using regression defense mechanism.

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